

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Pennsylvania

COLLECTION OF ADDITIONAL REGISTRY INFORMATION

The following information is collected in addition to the information required by 42 CFR 483.156(c):

- Modifier indicating aide was approved for registry enrollment by reciprocity, if appropriate.
- Name and address of agency which approved nurse aide for registry enrollment (Educational Testing Service, Department of Education, Department of Health).
- Current employer.
- Information necessary to identify the aide:
  - social security number
  - date of birth
  - current address, telephone number
  - maiden name, any other surname
- Duplicate notice issue date.
- Date continued enrollment was approved based on review of application.

TN No. 91-46  
Supersedes  
TN No. (NEW)

Approval Date APR 10 1992 Effective Date 01/01/92

HCFA ID:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:     Pennsylvania    

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

**This registry does not plan to disclose any additional information.**

TN No. 91-46  
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TN No. (NEW)

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